	and the control of th
ARIZONA STATE BOARD OF HEALTH State File No. 682	
BUREAU OF VITAL STATISTICS Registered No	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH	
Guma State arizand	
County	or Village
District or Township	
City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Beryle Celeste Burket (supplemental report, as directed.	
II IR LOOKINGTER	
3. Set of Cinia 170 be answered Otto	of birth Day Voor
Temble births. 5. No., in order of birth.	Month Day 1ca
FATHER	14. MOTHER
8. B. Latt	Full maiden name leva L. Brown
Full name drady 6. Lunkell	orde. The second
1/1/100	15 Residence (Usual place of abode)
9. Residence (Usual place of abode)	If non-resident, give place and state.
If non-resident, give place and state.	If non-resident, give place and server
10. Color or race	16 Color or race
29 - 1	anes 17. Age at last birthday (Years)
amu. 11. Age at last birthday	
	18. Birthplace (city or place)
12. Birthplace (city or place)	
(State or country) Sulas	(State or country)
	19. Occupation
13. Occupation	Nature of industry
Nature of industry	
on Number of children of this mother (a) Born alive and now living 21. Were precautions taken against ophthalmia neonatorum?	
20. Humber of Page office h	out now dead
(Taken as of time of birth of child herein (c) Stillborn	
The supering of the supering o	
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)	
I hereby termy that I have been a second of the second of	10 Allanesede Ma
*When there was no attending physician or midwife, then the father, householder, a stillner,	
etc., should make this telebor, breathes nor	Christal all (Physician or midwife).
shows other evidence of life after birth.	(Physician of midwitt).
Given name added from Address.	
a supplemental report Month, day, year	
Filed famile 1, 19/2 Registrar A	
Registrar	
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223-621-525	
Appella Commission of the Comm	

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